

## State of Tennessee

TENNESSEE ATHLETIC COMMISSION  
DEPARTMENT OF COMMERCE AND INSURANCE  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243

### APPLICATION FOR EVENT PERMIT

Per Rule 0145-01-.04, a promoter of a contest shall **obtain** a permit from the Commission not less than thirty (30) days prior to the date of the contest. Provided that the promoter has **completed** the application completely and provided all requested information, an application for permit will be processed within five (5) business days from the date of receipt.

Please include with this application:

- ☐ Fee (\$300)
- ☐ Contest Sheet
- ☐ Proof of medical insurance covering the combatants in an amount not less than \$50,000
- ☐ List of ring officials from which the Commission may assign to the event

Name of Promoter \_\_\_\_\_

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Type of Event: ☐ Boxing ☐ Professional MMA ☐ Kickboxing

Proposed Date of Weigh in \_\_\_\_\_ Proposed Time of Weigh in \_\_\_\_\_

Proposed Location of Weigh in \_\_\_\_\_

Event Location \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

County \_\_\_\_\_ Location Phone number (\_\_\_\_) \_\_\_\_\_

Will this match be televised? Yes ☐ No ☐

If "yes," please list the date(s) and network(s) that will broadcast the event? \_\_\_\_\_

Per TCA 68-115-214, a promoter shall, at least seventy-two (72) hours before a professional contest of unarmed combat, file with the commission's administrator a copy of all contracts entered into for the sale, lease or other exploitation of broadcasting, television and motion picture rights for the professional contest.

I hereby attest that the information provided herein, in this application for permit, is true, correct, and accurate to the best of my knowledge. I understand that I am responsible for the payment of all taxes and fees due to the commission and for making such payments within the prescribed time frames.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Recommended for Ring Officials**

Date of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Address \_\_\_\_\_

Promoter's Name \_\_\_\_\_

Promoter's Phone Number \_\_\_\_\_

Judges	_____	_____
	_____	_____
	_____	_____
	_____	_____

Referees	_____	_____
	_____	_____
	_____	_____
	_____	_____

Time Keeper	_____	_____
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Announcer	_____	_____
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Physician	_____	_____
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Please notify the Athletic Commission office if there are changes to this form as soon as you know about them.

Attach additional sheets as necessary.